PTO/SB/22 (10-00) Approved for use through 10/31/2002. OMB 0851-0031

| Under the Paperwork Reduction Act of 1995, no person | baccases of beniupes one | | | ARTMENT OF COMMERC! a valid CMB control number |
|---|---|--------------------------------------|---------------------|---|
| PETITION FOR EXTENSION OF | | Docket Number (Optional) CL001229 | | |
| | in re Application of Ellen BEASLEY et al. | | | |
| 3 | Application Number | 09/841.158 | | Filed April 25, 2001 |
| | For ISOLAT NUCLEI | ED HUMAN SECRE C ACID MOLECULE | FED PROT | EINS, ING |
| | Group Art Unit | 1647 | Examinar F. Harr | nud |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | | |
| One month (37 CFR 1.17(a)(1)) | | \$110 Fee Co | ode 115 | s 110.00 |
| Two months (37 CFR 1.17(a)(2)) | | \$400 Fee Co | | 8 |
| | | \$920 Fee Co | | ¢ |
| Three months (37 CFR 1.17(a)(3)) | | \$1440 Fee Co | de 118 | 4 |
| Four months (37 CFR 1.17(a)(4)) | | \$1960 Fee Co | de 128 | |
| Five months (37 CFR 1.17(a)(5)) | | | | |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| X The Commissioner has already been authorized to charge fees in this | | | | |
| application to a Deposit Account. X The Commissioner is hereby authorized to charge any fees which may be required. | | | | |
| or credit any overpayment, to Deposit Account Number 50-0970 . I have enclosed a duplicate copy of this sheet. | | | | |
| I am the gpplicant/inventor | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| attorney or agent of record. | | | | |
| attorney or agent under Registration number if as | | 4(a) | OF | -ICIAL |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038, | | | | |
| | | //). | | 1-10 |
| August 18, 2003 | | C/wo | 2/4 | |
| Date | Signature | | | |
| | Justin D. Karjala, Reg. No. 43,704 | | | |
| | | Typed | or printed | name |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| ☐ Total offorms are submitted. | | | | |
| Burden Hour Statement This form is assimated to take 0.1 hours to complete, Time will vary depending youn the needs of the individual case. Any comments of | | | | |

the amount of they goe are negated to complete this lamb mode of complete the compl